

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDS/OTR/SUS-10	
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT	
Component Training Evaluation						<input checked="" type="checkbox"/> STATISTICAL	
						<input checked="" type="checkbox"/> NARRATIVE	
						<input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		<input checked="" type="checkbox"/>	TRAINING		ADMIN. GENERAL
		LOGISTICS			SECURITY		OTHER (specify)
		MEDICAL			FINANCE		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
3		Annually				2-DTR, 1-Chrono	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT	
Memo and Forms		<input checked="" type="checkbox"/> YES		IF YES GIVE ADP PROCESSING NO.		HR <input type="text"/>	
		<input checked="" type="checkbox"/> NO				STAT <input type="text"/>	
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
C/SUS				30 Printed Forms - "Component Training Reports"			
(DC/SUS-MT)				submitted by Agency components conducting			
(DC/SUS-AT)				training; plus 2 (MT and AT)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
15 (3)	12.80		50	=	640.00		7 = 4480.00